Performance

Report

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| Name: | Bolton Clarke Carrington |
| Commission ID: | 5825 |
| Address: | 16 Blairmount Street, PARKINSON, Queensland, 4115 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 18 October 2023 |
| Performance report date: | 14 November 2023 |
| Service included in this assessment: | Provider: 1599 RSL Care RDNS Limited  Service: 3783 Bolton Clarke Carrington |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Bolton Clarke Carrington (**the service**) has been prepared by P. Sherin, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Assessment contact (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives, and others.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |

Findings

Consumers and representatives said consumers receive the care they need, were satisfied with management of risks, and expressed confidence in the ability of staff to identify and respond to changes in a consumer’s health and condition.

The service demonstrated effective processes to manage high impact or high prevalence risks associated with the care of each consumer including but not limited to falls, pressure injuries, unplanned weight loss, and management of time-sensitive medication.

Care documentation identified strategies to manage and mitigate risks to consumers and timely response to changes in a consumer’s health and condition.

Staff were aware of risks to the health and wellbeing of individual consumers and demonstrated knowledge of documented interventions for risk management. Care champions are appointed to identify and report any change in consumers. Care staff demonstrated knowledge of signs and symptoms of deterioration and the reporting and escalation process in this regard. Clinical staff described actions taken to respond to consumer deterioration including assessments, discussions with the consumer and/or representative, referrals to appropriate health professionals, and transfer to hospital if necessary.

Policies and procedures are available to guide staff practice in the management of high impact or high prevalence risks and identification and response to deterioration.

Review of documentation such as incident reports, training records, clinical indicator data, and audits demonstrated effective training, monitoring, and clinical oversight.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)